MADISON COUNTY JUNK VEHICLE PROGRAM PO Box 278, Virginia City MT 59755 406.843.4275 406.843.5362 (fax)

RELEASE OF OWNERSHIP OR INTEREST IN MOTOR VEHICLE

Year:	Color:			
Model or VIN:		License Plate #:		
Make:		Year:	State:	
V	EHICLE PARTS IN	FORMATION		
Circle all that apply: Motor Frame Component Parts (describe): _		Transmission	Во	dy
, , _	VEHICLE LOC			
	VEINOLE LOO	ATION		
This vehicle is located at: (Give	directions, use bac	k if necessary.)		
READ THIS BEFORE	SIGNING and RET	URN TO THE ABOVE	E ADDRE	ESS
The undersigned, being the legal owr authorizes duly appointed agent of the motor vehicle graveyard. In the consinterest in the vehicle to the State of Possessor of the above mentioned very vehicle be disposed of only through consell the junk vehicle.	e Junk Vehicle Program ideration of the foregoin Montana and its agents shicle being released to	to remove this vehicle to a g removal, I hereby releas without payment or compe the county Junk Vehicle P	an approve e all rights ensation. If rogram rec	ed county , title, and f the owner or quests that the
Owner or possessor of above r	nentioned vehicle: C	CIRCLE CHOICE BEL	.OW	
Crushed	or recycled	No Preference		
I agree to hold the State of Montana, the foregoing release and removal of operator of the Junk Vehicle Program	this vehicle. I understa	nd upon release of this veh		
Name of Responsible Party:		Phone	:	
Address:				
Signed:	Witness:			
Date of Release:				
Date of pick up and delivery to	- Alder junk vehicle y	ard Driver Initia	ls	
1. All fluids have been remove	d (fuels, motor oil. tr	ansmission fluid.		
transfer case fluid, antifreez	,	yes	no	
2. Air conditioning unit in the v		yes	no	
			,	no
4. I have attached the vehicle to		yes	no	